

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS  
VIRGINIA PRESCRIPTION MONITORING PROGRAM  
MINUTES OF ADVISORY COMMITTEE**

Thursday, June 3, 2021

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

<b>CALL TO ORDER:</b>	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 1:01 p.m.
<b>PRESIDING</b>	Jeffrey Gofton, M.D., Chair, Presiding Office of the Chief Medical Examiner,
<b>MEMBERS PRESENT:</b>	Alexis Aplasca, M.D., DBHDS Chief Clinical Officer Randall Clouse, Office of the Attorney General Janetta Emmelhainz, PharmD, DMAS Eduardo Fraifeld, M.D., Pain Medicine Physician Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing, Nurse Practitioner Radhika Manhapra, M.D., Hampton VA Medical Center Rodney Stiltner, RPh, Vice Chair, Pharmacist, VCU Health John Welch, 1SG, Virginia State Police Sarah Ebberts-West, M.D., Riverside Health System Lisa Wooten, VDH
<b>MEMBERS ABSENT:</b>	Vacant Positions: Primary Care Physician, Community Member
<b>STAFF PRESENT:</b>	David Brown, D.C., Director, DHP Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Elaine Yeatts, Senior Policy Analyst Rebecca Schultz, Policy and Planning Specialist Jim Rutkowski, Counsel, Office of the Attorney General Ralph A. Orr, Program Director, Prescription Monitoring Program Ashley Carter, Sr. Deputy Director, Prescription Monitoring Program Carolyn McKann, Program Deputy for Operations, Prescription Monitoring Program Desiré Brown, Administrative Assistant, Prescription Monitoring Program
<b>OTHERS PARTICIPATING VIRTUALLY</b>	8 members of the public
<b>WELCOME AND INTRODUCTIONS</b>	Dr. Gofton welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
<b>APPROVAL OF AGENDA</b>	Randy Clouse made a motion to approve the agenda as amended and Rodney Stiltner seconded the motion; the agenda was approved as amended.

<b>APPROVAL OF MINUTES</b>	Randy Clouse made a motion to approve the minutes for the meeting held March 2021. Tana Kaefer seconded the motion; the minutes were approved as presented.
<b>PUBLIC COMMENT</b>	None Provided
<b>DEPARTMENT OF HEALTH PROFESSIONS REPORT: Dr. David Brown</b>	Dr. David Brown spoke about how DHP is handling the pandemic. He noted that telework was strongly encouraged during the pandemic and the DHP workforce adapted very well to this new working scenario. He noted that the expectation is that when school starts in the fall, return to the office will be enabled; emphasizing that the goal is to find the right balance between working in the office and teleworking. Dr. Brown mentioned that DHP will also be returning to meetings and hearings in an in-person setting, and stated that when the emergency declaration ends, so does DHP's ability to conduct meetings virtually. However, he noted that there have been discussions regarding initiating legislation which would allow DHP to continue to conduct specific types of meetings virtually if necessary.
<b>DEPARTMENT OF HEALTH PROFESSIONS REPORT CONT'D: Barbara Allison-Bryan, M.D.:</b>	Dr. Allison-Bryan provided a note on vaccinations. Dr. Allison-Bryan is a pediatrician and has great knowledge and respect for vaccines. She noted that the COVID-19 vaccines have changed the face of the pandemic with approximately 50% of adults in Virginia now fully vaccinated. Dr. Allison-Bryan also noted that Governor Northam aligned several policies with the CDC, and removed the mask mandate as of May 17, 2021.
<b>LEGISLATION AND REGULATION UPDATE: Elaine Yeatts</b>	<p>Ms. Yeatts stated that beginning July 1, 2021, existing pharmaceutical processors will be able to dispense marijuana flower products in addition to the CBD oils currently reported to the Prescription Monitoring Program. She further noted that the Board of Pharmacy (BOP) will continue to require a written certification in order for individuals to receive these products and there currently exists a greater ability to use telemedicine to write these certifications. Ms. Yeatts reported that the limitation on the number of patients for which prescribers may write these certifications has been removed.</p> <p>Ms. Yeatts provided information regarding the possible removal in PMP regulation 18VAC76-20-40 of the reference to ASAP 4.2 (2011) in paragraph A. Dr. Gofton asked Mr. Orr if he would expand on the benefit of changing the regulation. Mr. Orr explained that naming the standard in the regulation is redundant as the PMP is required to provide the file layout in Para B which includes the applicable ASAP reporting standard. In addition, with the regulation as written, the Virginia PMP cannot require a reporting element be added without legislative authority or regulatory process. Requiring a specific standard does not allow dispensers to take advantage of improvements/changes to field definitions, etc. that facilitate efficient and accurate reporting to the PMP. Mr. Orr noted that</p>

<p><b>PRESENTATION: Substance Use Disorder and Medication Assisted Treatment at DOC – Michael Fatula, Department of Corrections</b></p>	<p>several states have already moved to ASAP 4.2a so some dispensers or their data submitters may find it more efficient to use the most common standard for reporting to Virginia. The Virginia PMP currently has the ability to accept file submissions using either ASAP 4.2 or ASAP 4.2a, and could possibly add ASAP 4.2b if there is interest from dispensers to use that standard. Mr. Orr reminded the committee that the Virginia PMP is required in regulation to provide a 90-day notice for any change in file layout. Mr. Orr told the Committee that the Virginia PMP was seeking a motion from the Committee to ask the Director to amend section 40 as presented to the Committee, removing the specific ASAP version reference. Mr. Orr also noted that this is a regulatory change which would benefit from fast-track regulatory process. Dr. Brown stated that he would welcome such a motion. Dr. Stiltner made such a motion, and Dr. Fraifeld seconded the motion.</p> <p>Mr. Orr introduced Michael Fatula, Director of Medication Assisted Treatment (MAT) at the Department of Corrections (DOC). Mr. Fatula noted that he has been the Director for only about 5 months, but has worked in Substance Abuse Treatment for about 11 years. Mr. Fatula stated that the MAT program at DOC is a pilot program which has received some press coverage, particularly from the Richmond Times-Dispatch. He noted that the death rate in persons released from prisons (specifically within the first two weeks after release) is 120 times higher than the general population. Mr. Fatula emphasized that the DOC is not responsible for persons in regional or local jails, and that those specific institutions are responsible for those individuals. Mr. Fatula introduced the Community Corrections Alternative Programs (CCAP), which may be offered in lieu of incarceration. All of these programs offer education, and some have a work component as well. Mr. Fatula stated that MAT is the standard of care for opioid use disorder (OUD), and that outcomes for the program have been exceptional - those in the program have a lower recidivism risk, lower mortality and an increased probability of employment. Positive outcomes have caused other jails in Virginia to begin offering and/or looking at MAT Programs, particularly in Northern Virginia. Mr. Fatula then provided some background regarding the MAT pilot program. He stated that the Virginia Department of Corrections was identified by the National Governor's Association (NGA) in 2017 to participate in a policy academy to explore mechanisms to expand opioid addiction treatment. He mentioned that Virginia is currently one of the few states that provides specialized case management care after release. He further noted that individuals in the program will walk out the door with Medicaid coverage. A "Recovery Support Navigator" will connect with these individuals for 12 months after their release, and naloxone kits are offered to all individuals at their release. Mr. Fatula also noted that several individuals have gotten off of probation early due to the services provided with this program. Mr. Fatula stated that the MAT program is grant funded, and is funded by the State Opioid Response Grant (SOAR), which originates from</p>
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<p><b>PROGRAM REPORT:</b> <b>Program Operations:</b> <b>Carolyn McKann</b></p>	<p>SAMSHA, and the pass-through agency is the Department of Behavioral Health and Developmental Services (DBHDS). In closing comments, Mr. Fatula noted that they get a great deal of support from other state agencies including DMAS, and he emphasized that outpatient substance abuse treatment is crucial for the individuals in this program. They also have an Intensive Opioid Recovery Program. Mr. Orr inquired whether the buprenorphine provided to these individuals was reported to the PMP, and Mr. Fatula confirmed that yes, they are reported to the PMP.</p> <p>Ms. McKann provided a brief overview of the calls received by the Appriss Health support call center on behalf of the Virginia PMP over the past year. She noted that the call center received approximately 750 calls per quarter during the four most recent quarters, and that the top three call types were consistent across all quarters. The top two call types involve account administration and login assistance. This is not unexpected since about 75% of Virginia PMP users utilize an integrated solution and access the AWARe platform only occasionally. The third most common call type is a request to register. Ms. McKann then provided a brief summary of the PMP website utilization over the first quarter of 2021. Individuals accessed some part of the site over 10,000 times during the first quarter. She listed the top ten files which have been downloaded from the website for viewing. As a follow-up to Desiré Brown's presentation on compliance during the previous committee meeting, Ms. McKann provided a summary of non-compliant dispensers YTD for 2021, noting that a delinquent list is run daily and that the graph represents dispensers who are delinquent 7 days or more. Ms. McKann stated that there are currently 2,115 dispensers registered to report to the PMP, and for the most part, the majority of dispensers are compliant with their reporting.</p>
<p><b>PROGRAM REPORT:</b> <b>Program Analytics:</b> <b>Ashley Carter</b></p>	<p>Ashley Carter noted that during the second quarter of 2020, Virginia experienced the highest number of drug overdose deaths since this type of death has been recorded. An overall 42% increase in overdose death was reported for 2020. Ms. Carter noted a corresponding increase in naloxone dispensations. Ms. Carter then reviewed multiple provider episodes. The PMP has enabled tremendous progress in reducing multiple provider episodes. Ms. Carter then discussed the requirement for electronic prescribing of prescriptions containing opioids and noted that 85% of opioid prescriptions were submitted electronically in the first quarter of 2021. She then provided a summary of dispensations by drug class. Ms. Carter noted that although there was an increase in stimulant overdoses in other states in concert with stimulant prescriptions, Virginia did not experience that same trend. She noted that in Virginia the stimulant overdoses are due to illicit drugs, not drugs reported to the PMP. Ms. LeBaron asked about the 42% increase in opiate deaths in 2020, specifically whether it was associated with the pandemic. Dr. Gofton noted that it is likely multifactorial. Dr. Fraifeld inquired about patients who use different practitioners</p>

**PROGRAM  
DIRECTOR  
REPORT: Ralph Orr**

within the same group practice and whether they may be incorrectly identified as “doctor shoppers”. Ms. Carter responded that looking at 5 prescribers and 5 pharmacies minimizes these artifacts of reporting, since patients utilizing multiple providers for legitimate reasons would likely utilize the same pharmacy. Dr. Aplasca asked if there was an age breakdown for the deaths referenced in the first slide. Ms. Carter said that she had not specifically looked at an age breakdown. Ms. Carter further noted that there was a slight drop-off in stimulant prescriptions during the pandemic.

Mr. Orr discussed the Support Act of 2018 and its impact on the PMP. Beginning October 1, 2021, a “covered provider” (Medicaid) will be required to check the PMP before prescribing a controlled substance to a covered individual. This includes all Schedule II drugs, not just opioids. Ms. Janetta Emmelhainz, from DMAS, noted that they must initially query the PMP and then every 6 months thereafter. Ms. Emmelhainz mentioned that providers will be notified of this requirement by Medicaid memo to covered providers. Mr. Orr offered the announcement feature of the PMP AWA Rx E platform to DMAS as an additional means of communicating this requirement. Mr. Orr summarized the Prescription Drug Monitoring Program (PDMP) requirements of the Support Act, which states the following requirements:

- 1) PDMPs must provide real-time access to covered providers.
- 2) Providers may easily use the PDMP information.
- 3) Interoperability with other state PMPs. The Virginia PMP has a data-sharing agreement with all of our contiguous states and meets this requirement.
- 4) Medicaid program medical and pharmacy directors and their designees have access to PMP information.
- 5) The state produces data for the reports that are required to be submitted in the Annual Report to HHS in accordance with Section 1944 of the Act. The Virginia PMP is currently working with DMAS to review this requirement.
- 6) Utilization and quality reports. The Virginia PMP will work with DMAS to meet this requirement.
- 7) Electronic case reporting. The Virginia PMP will need to clarify with CMS what the exact requirement is.

The PMP meets the requirements for 1-4. Requirements 5-7 will require additional services from the PMP’s vendor to provide the required reports. Since the Virginia PMP is an Appriss state, Virginia will benefit from ongoing conversations between CMS and Appriss Health. It is expected that each state will have an agreement with CMS for a development plan of expected metrics. Mr. Orr then discussed the possibility of reporting dispensations of MAT drugs from Opioid Treatment Programs (OTPs) to PMPs as outlined in 42 CFR Part 2. He noted that 2020 regulation change appears to allow the reporting by OTPs to state PMPs if it is required by state law. In addition, individual patient consent must be given to the OTP in order to report that individual’s dispensations to the

	<p>PMP. Mr. Orr also noted that current guidance indicates that OTP dispensation information may not be utilized by law enforcement. Mr. Orr stated that more changes are expected to 42 CFR Part 2 this coming year.</p> <p>The PMP currently has an exemption in the PMP Code stating that OTPs do not have to report to the PMP, so legislation would be required to remove this exemption. As an alternative, one state's PMP is currently considering an "ALERT" indicating that "Test Person is currently receiving substance use disorder treatment" or similar language. The state uses one vendor to maintain a "Central Registry" of patients receiving SUD treatment at OTPs. The vendor would provide a file of patients to the PMP regularly. The specific OTPs would be responsible for patient consent. If this were to be considered for Virginia, it will require collaboration with the Department of Behavioral Health and Developmental Services. New legislative authority and SAMHSA review may be necessary</p>
<b>Quick Updates</b>	Mr. Orr noted that the Virginia PMP has met the RxCheck hub CDC grant requirement. Currently, the Virginia PMP is connected, via NABP's PMPi hub solution, to 42 PMPs including all border states, the District of Columbia, and the DOD Military Health System.
<b>Election of Chair and Vice Chair</b>	Mr. Orr asked for nominations for Chair, noting that the term begins in September 2021. Mr. Orr noted that staff cannot make nominations. Dr. Fraifeld nominated both Dr. Gofton and Dr. Stiltner for continuation in their positions. Dr. West seconded the motion. No further nominations were offered, Mr. Orr asked if a vote was required. Jim Rutkowski stated that a consensus of members is sufficient. Dr. Gofton and Dr. Stiltner will continue in their current positions as Chair and Vice Chair beginning September 2021.
<b>MEETING DATES FOR 2021:</b>	October 1, 2021 at 9:00 a.m.
<b>ADJOURN:</b>	With all business concluded, Dr. Gofton adjourned at 3:07 p.m.
	Jeffrey Gofton, M. D., Presiding
	Ralph A. Orr, Program Director